



## Journal of International Women's Studies

Volume 19

Issue 5 *Gender, Poverty and Inequality: Exploration  
from a Transformative Perspective*

Article 14

May-2018

# Initiation of Sexual Behaviour and Early Childbearing: Poverty and the Gendered Nature of Responsibility amongst Young People in South Africa

Monde Makiwane

Ntombizonke A. Gumede

Lien Molobela

Follow this and additional works at: <http://vc.bridgew.edu/jiws>



Part of the [Women's Studies Commons](#)

### Recommended Citation

Makiwane, Monde; Gumede, Ntombizonke A.; and Molobela, Lien (2018). Initiation of Sexual Behaviour and Early Childbearing: Poverty and the Gendered Nature of Responsibility amongst Young People in South Africa. *Journal of International Women's Studies*, 19(5), 209-226.

Available at: <http://vc.bridgew.edu/jiws/vol19/iss5/14>

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.

## **Initiation of Sexual Behaviour and Early Childbearing: Poverty and the Gendered Nature of Responsibility Amongst Young People in South Africa**

By Monde Makiwane,<sup>1</sup> Ntombizonke A. Gumede,<sup>2</sup> Lien Molobela<sup>3</sup>

### **Abstract**

Childbearing is an important life course event and a decision to give birth has significant implication in contemporary society, especially if it occurs before the completion of schooling and predating the start of being gainfully employed. Globally, teenage pregnancy is more common among young people who have been disadvantaged in childhood and have low expectations of education or opportunities in the job market. Literature shows that youth living in poverty have higher teen pregnancy rate than the average population. Socio-economic circumstances seem to play a major role in the rates of teen pregnancy. Poor access to contraception and inconsistent or non-use of family planning services, a situation that prevails mostly among people of low socio-economic status, has been noted as major contributing factors to high rates of teenage pregnancy. Although family planning services are provided for free in South Africa, poverty, cultural beliefs and negative judgment by health care workers remain barriers to access. As a result giving birth at a young age becomes prevalent and often continues the cycle of poverty and in most cases women

---

<sup>1</sup> Monde is a National Research Foundation rated scientist and a Research Director in the Human and Social Development (HSD) research programme of the Human Sciences Research Council (HSRC) in Pretoria, South Africa. Monde is also an Honorary Professor at the University of North West. He holds a Masters in Social Science in Sociology from the University of KwaZulu-Natal and a PhD in Demography from the University of the Witwatersrand. He has lectured undergraduate and graduate students at Walter Sisulu University. In addition, he has held two fellowships: one at Harvard University and another at the University of Pennsylvania. His areas of research interest include: intergenerational relations, youth, ageing, teenage sexuality, fertility, social security and migration. His publication record includes a number of international and national conference presentations and authoring and co-authoring a number of journal articles. Email: mmakiwane@hsrc.ac.za

<sup>2</sup> Ntombizonke A. Gumede is a Researcher in the Human and Social Development (HSD) unit of the Human Sciences Research Council (HSRC) in Pretoria, South Africa. She holds a Masters in Social Science in Sociology (narrative study of lives) from the University of the Free State. Prior to Joining the HSRC, she worked as an intern for National research foundation (NRF). She was also an academic facilitator (AFS) responsible for integrating developmental competencies with academic outcomes with a view to equipping students to achieve academic success in higher education for extended curricula in the Faculty of Humanities, Sociology Department. She has developed and delivered seminars and workshops in a wide variety of areas related to the family, children, role of gender in agricultural practices, equity and transformation. She has coordinated and managed projects, and is experienced in the design and implementation, and analysis of qualitative and quantitative research. Her areas of research specialization include participatory action methodologies (quantitative and qualitative), social demography and epidemiology, sexual and reproductive justice and freedom, belonging, mobility, media, heritage and redress. Email: ngumede@hsrc.ac.za

<sup>3</sup> Lien Molobela is a Masters graduate from the University of South Africa. She is currently enrolled for a Masters degree in Clinical Psychology. She has completed both her undergraduate and honors degree in psychology at the University of Limpopo. She has previously worked at UNISA as a post graduate research assistant, and at the Aurum institute as a research assistant. Her fields of interest are Sexuality, Racism, Reproductive health and justice, HIV/AIDS, Gender identity, Land reform and restitution, Black feminism, Power, African epistemologies, Decolonization and Discourse analysis. Molobela Reabetswe has presented in local and international conference, the most recent being the International Society of Critical Health Psychology held in July 2015 at Rhodes. reabetswe4wva@gmail.com

bear the brunt of the responsibility. Furthermore, teenage pregnancy has negative health outcomes for the expectant teenager as it increases risks of obstetrical complications and mental health illnesses such as depression and anxiety. The study makes use of mixed methods in order to illustrate gender dynamics in reproductive lives of young people.

## **Introduction**

Although childbearing is an important life cycle progression event, when it precedes the transition to adulthood, completion of education and employment, it can have significant implications for the health and wellbeing of those involved (Johnson and Moore 2016; Panday, Makiwane, Ranchod and Letsoala, 2009; World Health Organisation 2018). Early childbearing remains common in South Africa, in the context of young people who are dependent for a long time as a result of high unemployment and long periods of wait before completion of education. In spite of delays in other markers of transition to adulthood, childbearing continues to happen early. This paper seeks to examine the route and consequences of early childbearing. Furthermore, the paper provide a deeper focus on the gendered nature of early childbearing by critically examining the context within which young people, especially young women, are adversely impacted by early childbearing. Qualitative data collected in KwaZulu-Natal Province, supplemented by quantitative data, has been used to assess the gendered route to childbearing and to seek an understanding of the gendered consequences of early child bearing.

Socio-economically, teenage parenting has been shown to have negative implications for the mother, the child and extended family members (Berry and Hall, 2010; Johnson and Moore 2016; MacLeod and Tracey, 2010; Morell, Bhana, and Shefer, 2012; Ndinda, Ndhlovu and Khalema, 2017). Young parents often find it difficult to achieve the qualifications needed to compete in high skilled labour market (Berry and Hall, 2010; Bhana and Nkani, 2014; Mkhwanazi, 2011; Morrell et al 2012). The economic hardship that young mothers face has been linked to potential dependency on the Child Support Grant (CSG) (Khalema, Ndinda, Makiwane, Bhembé, Vawda, Mahapa, Zondo and Mgcina, 2014; Macleod and Tracy, 2009; Maromo 2017; Panday et al., 2009, Patel, 2012). Thus, young teenage girls have to deal with intersecting trajectories when navigating their lives as women. They hold multiple positions as school going teenagers, sisters, girlfriends and young single mothers who are living in poverty. Their marginalisation and vulnerability as women often intensifies their precarious circumstances which are often linked to race and class.

Young women's biological capacity to conceive and deliver is mediated by their pace of development, age at menarche and the duration of sub-fecundity which affects their sexual maturity. With the improvement of nutrition in the past years, young people are reaching sexual maturity at earlier ages and bearing children earlier (Jonas, Crutzen, van den Borne, Sewpaul, & Reddy, 2016); Kramer & Lancaster, 2010). This change in the age of menarche has affected young people formations of first sexual unions, and in turn has become an on-going source of conflict between generations (Mkhwanazi, 2012). Thus, the fact that biological capacity to bear children is progressively happening earlier than before, while other markers of the onset of adulthood are progressively happening later in life is a significant factor that must be taken into account when analysing current conflicts associated with early childbearing. These conflicts are in line with society's requirement of productive beings through political order which creates bodies that are docile and efficient in the economic controls required at specific time by society (Foucault, 1980).

In addition to early puberty, peer pressure has been documented as a contributing factor in the onset of sexual debut. (Gumede, 2015; Ndinda et al., 2017).

Familial factors have also been noted to have a significant impact on teenager's sexual activity as well as influencing the likelihood of falling pregnant. Research has noted that family structure, support, parental educational levels are all contributing factors to the onset of early sexual behaviour (Ndinda et al., 2017). It has been posited that teenagers from a single parent family are more likely to engage in early sexual debut because of modelling. As they grow up they see their parents' relationships and tend to emulate them (Acharya, Bhattarai, Poobalan, Teijlingen and Chapman, 2014; Sheppard, Garcia, and Sear, 2014). Educational levels of the parent has an impact as education is a strong predictor of socio-economic status. Higher socio-economic status is associated with better access to medical advice and contraception. Nonetheless researchers highlight that even when such services are available, sexually active young people, especially girls fear that they will be punished by their parents if they are found to have had premarital sex (Chohan and Langa 2011; Mkhwanazi 2011; Ndinda et al., 2017; Ngabaza, 2011; Wood and Jewkes, 2006). Cook, Ortega-Ortiz, Romans and Ross (2006) further notes that in some cultures, nonmarital pregnancy places women in fear of familial and social ostracism, which may also create fear of subjection to physical violence in cases where 'family honour' is implicated.

The intersections of poverty, sexuality, health disparities, lack of education, and the observance of particular ideals coupled with fear of gender based violence within families may also diminish the ability and the means for families, particularly mothers, to provide adequate information on sexually related issues to their children (Gumede, 2015, Ndinda et al., 2017; Phetla, Busza, Hargreaves, Pronyk, Kim, Morison, Watts and Porter, 2008; Wamoyi et al., 2010). This further compromises the future of teenage women who are sexually active. This paper seeks to provide a deeper focus on early childbearing by critically examining the context within which people live every day and how this influences early childbearing. This is done through addressing three research questions; (1). What is the pathway from first interest in sexual activity to penetrative sex?; (2) How is poverty an influence in teenage pregnancies; and (3) What are implications of the timing and pathways to first childbearing on structure of gendered responsibility?

## **Perspectives on Gender**

Patriarchy in South Africa has been a defining factor in intimate partner relations and sexual relationships that have for the longest time disenfranchised women and alienated them in decisions that affect their lives and bodies (Bhana, 2008, Nkani and Bhana, 2016). This marginalization has been embedded in socially constructed gendered ideologies of femininity that seek to confine and control women's sexuality through encouraging them to be paragons of virtue, while masculinity prizes male virility and promiscuity. These masculinity ideologies are supported by proverbs in African cultures exemplified by the following idiom: "*Isiko lentombi lisekwendeni*" meaning "The practice of a girl is in her marriage". These ideologies render women powerless in shaping relationships with men as patriarchal society expects them to be submissive to male power, which leaves men to define a woman's first sexual experience, subsequent sexual behavior and consequences of reproduction. Given this gendered dimensions, it is no wonder that research reflects that disruptions subsequent to childbearing are more likely to happen to young women as compared to young men. These disruptions may include dropping out from school, economic marginalization and poor career prospects (Bhana, Morrell, Shefer & Ngabaza, 2010,; Jewkes,

Morrell & Christofides, 2009; Ndinda et al., 2017). Another deterrent to contraceptive use is a strong desire for monogamous relationships, often demonstrated through not utilizing contraception in the hope of preventing a partner from seeking other sexual outlets (Molobela, 2017). However, in spite of these widely held views, it should be noted that relationships are diverse in nature and there has been a shift in gender relations in South Africa, which resulted in some change in power dynamics within those relationships (Mantell, Needham, Smit, Hoffman, Cebekhulu, Adams-Skinner, and Milford, 2009).

### **Maternal health and well-being implications of teenage child bearing**

Teenage childbearing can have significant health consequences for the young mothers and their babies. According to a nationally representative study in India, adverse reproductive health outcomes were more prevalent among younger sexually active women, than among their older counterparts (Raj et al., 2009). These findings indicate the social context of early relationships and how it reduces women's control of their reproduction. This is due to various factors such as less contraception knowledge, poor access to family planning services and reduced control of family planning decisions in early relationships. Analysis of data from the 1993 Kenya and 1992 Namibia Demographic and Health Surveys shows that early childbearing is an important risk factor for the underutilization of maternity care (Gage, 1998). Mkhwanazi, (2014) found that births among teenagers in South Africa are more likely to be unintended, which may adversely influence maternal health care behaviour.

Unintended pregnancies have been shown to be associated with inadequate prenatal health care, as such pregnancies are likely to be recognized or acknowledged late. In addition, many teenage mothers are often not in the financial position to provide the care required for their babies. Such circumstances greatly increase the chance of poor health outcomes both in the short and long-term (Gevers et al. 2012; MacLeod and Tracey 2010; Morrell, Bhana, and Shefer 2012). Demographic factors such as parity and marital status, and individual socio-economic characteristics such as mothers' education, social status, place of residence, and religion have also been observed to influence use of maternal health care services in developing countries (Nkani and Bhana, 2016; Reddy, Sewpaul and Jonas, 2016). In turn, poor use of health care intensifies their marginalization.

### **The context of teenage pregnancy and birth trends**

Generally, countries with the highest teenage childbearing in Africa are countries with a high rate of teenage marriages (Maswikwa, Richter, Kaufman, & Nandi, 2015). However, even in South Africa, where teenage marriages are rare, at an estimated one per cent, childbearing remains relatively high as shown below. Currently, teenage specific fertility rate contributes to 14% of all births in the country in 2014, as was the case in the four preceding years (Chimere-Dan, 2015). Literature analysis indicates that as the overall rate of childbearing in Africa (including South Africa) is declining faster than that of the teenage fertility rate; the proportion of teenage childbearing to the overall rate of childbearing is increasing relative to the general population as a result of slower decline (United Nations Department of Economic and Social Affairs, 2013; SANAC Report, 2014).

This high rate of teenage childbearing in South Africa and other similar countries is taking place in the context of frequent pre-teenage and teenage sexual relations amongst young people.

In recent years non marital teenage sexual relationships have become more frequent as teenage marriages have become rare (Preston-Whyte and Zondi, 1989; Schuster, 2005; Hunter 2010). These trends have been associated with the rapid erosion of traditional, religious and cultural norms that discourage premarital sex in favour of marital sex (Odimegwu, 2002); Posel and Rudwick, 2012). According to Simelela (2006) delaying marriage and being sexually active at an earlier age implies that the gap between sexual initiation and being in a stable sexual relationship is widening. Early sexual relationships are frequently characterised by unstable relationships leading to a greater number of sexual partners over time. In spite of the practise of safe sex being widespread, inconsistent use of condoms and other forms of contraceptives among young people who are sexually active have been found to be of major concern (Ndinda et al., 2017; Odimegwu, 2002, Posel and Rudwick 2012).

The South African society provides a rich context to test a number of hypotheses that have been put forward by researchers about reproductive life in the past three or more decades. Despite the importance of the onset of reproductive life of young people there is not much data and theory to explain the current patterns and trends that are associated with early childbearing.

## **Methodology**

### *Research methods*

Research questions are answered using secondary analysis of one nationally representative data set, one document analysis report and qualitative dataset. Data was sourced from a survey conducted by Bhana and Pattman. (2011) at the Human Sciences Research Council (HSRC). The data assessed sexual activity among teenagers in South Africa and Zambia. However, the data analysed in this paper is from the South African data set. The second trends on teenage childbearing is based on an analysis by Chimere-Dan (2015) based on three national censuses (10% samples from 1996, 2001, 2011); 2007 Community Survey; 2014 Household Survey and national database of registered marriages (2006-2013) and births (1998-2014).

Qualitative data presented is part of a study that was conducted in South African province of KwaZulu-Natal (KZN). The main reason for selecting the KwaZulu-Natal province for this study is because it has one of the highest rates of teenage pregnancy in South Africa (South African Demographic and Health Survey, 2016). Focus groups were constituted from a purposively and conveniently selected group of individuals (Ndinda et al, 2017). The sample was broadly representative of age, gender, geographic location and socio-economic background (see Ndinda et al. 2017).

Nine focus groups were conducted in 9 districts of KZN, which are the following; Ladysmith, Bergville, Jozini, Hlabisa, Phongolo, KwaDukuza, Indwedwe, Port Sheptone and Ulundi. In total, there were 137 participants consisting of 46 males (33,58%) and 91 females (66, 42%). The sample had more women than men as they were more receptive to the recruitment. The number of participants in each focus group varied, ranging from 7 to 23. Age of participants ranged from ages 18 up to 60.

Given that the data collected from the focus group discussions is qualitative, the analysis also took into consideration the content of the information provided, and, as such, a constant comparative analysis method (CCM) using NVIVO software was utilized to further draw themes that emerged (Ndinda, et al, 2017). CCM involves making systematic comparisons across units of data (for example, interviews, statements or themes) to develop conceptualizations of the possible relations between various pieces of data (Ndinda et al, 2017).

## Results

### *The onset into reproductive life behaviours: Age of sexual activity*

Tables 1 to 4 show the ages of first solo sex experience, petting and sexual intercourse respectively according to gender and age.

**Table 1: Proportion of young people who participate in various sexual activities**

Age in years	Ever had a solo sex experience (%)		Ever sexually petted or been petted (%)			Ever had a penetrative Sex (%)		
	Male	Female	Male	Female	Total	Male	Female	Total
12 or younger	13.9	1.3	8.6	3.5	6.0	5.5	4.6	5.0
13	21.4	3.3	10.1	9.8	9.9	10.5	10.1	10.3
14	35.4	14.8	18.4	24.6	21.4	19.5	23.9	21.7
15	47.0	20.3	32.7	45.6	39.0	35.5	45.9	40.7
16	50.0	24.8	40.2	64.2	52.3	45.8	63.2	54.5
17	50.0	25.3	43.5	66.0	54.8	47.8	64.7	56.3

Authors calculations of the HSRC KAPB data, 2011

In the table above, the proportion of children who participate in different sexually-related activities has been presented. By the age 12 about 13.9% of boys have had a solo sex as against 1.3% of girls. At age 17, 50% of boys have had solo sex, against 25.3% of girls. Similarly, by the age 12, 8.6% of boys have sexually petted someone as against 3.5% of girls who have either sexually petted or have been petted. The figures presented above show that gender dimensions to initiation of sexual penetrative sex are complex. While at a very early age of 12 more boys have had penetrative sex, by the age 17, 47.8% of boys have had penetrative sex compared to 64.7% of girls of the same age. Data presented above suggest that, among South African young people, there is a rapid movement from the time they show sexual interest to the time they have penetrative sex. Moreover, young females have a shorter period from the time of their first sexual expression to the time they conduct full penetrative sex.

**Table 2: Proportion of sexually experienced young people who have ever used a condom**

Age (%)	Ever used a condom (%)
12	13.3
13	10.7
14	25.4
15	39.8
16	58.2
17	80.0

Data Source: Bhana and Pattman, (2011) at the Human Sciences Research Council (HSRC)

Table 2 above shows the extent of the use of condoms among sexually active young people. The evidence presented above shows that most of penetrative sex that is conducted in the early teens is unprotected, as the level of protection is also positively correlated with age. Most teenagers only begin using contraceptives after the first pregnancy (Christofides, Jewkes, Dunkle, McCarty, Jama, Shai, Nduna and Sterk, 2014). This is in agreement with literature which state that comprehensive reproductive health services are less accessible at younger ages (Mkhwanazi, 2014; Nkani & Bhana, 2016; Reddy et al., 2016).

**Table 3: The Proportion of male and female South African youth (15-24yrs) who had sex before the age of 15 in selected years**

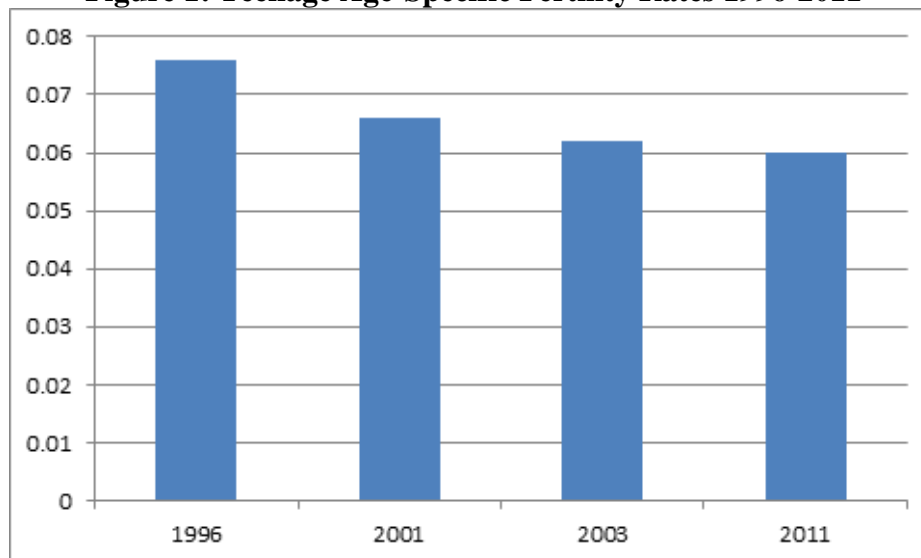
Year	Male	Female	All
2002	13.1	5.3	8.9
2005	11.9	5.1	9.4
2008	11.3	5.9	8.5
2012	16.7	5.0	10.8

Source: Shisana et al, (2014) at Human Sciences research Council (HSRC)

Table 3 shows the percentage of the youth who had sex before the age of 15 years. In 2002, this statistic was 8.9%. It increased to 9.4% in 2005 and with only an incipient change in 2008 (8.5%). The data shows clear gender differences in timing of sexual debut. The data concurs with data presented in table 1 above that shows that penetrative sex at an early age is dominated by males.

### Trends in early childbearing in South Africa

**Figure 1: Teenage Age-Specific Fertility Rates 1996-2011**



Source: Chimere-Dan, (2015) at Africa Strategic Research Corporation.



The data presented above shows that teenage childbearing has been declining since 2011. Thus, in spite of the noted decline in the age at sexual debut the rate of childbearing has been declining. The decline is related to two factors, namely during the period there has been an increase in the use of condoms, and secondly in the increase of the number of teenagers who terminate pregnancy (Makiwane, 2010).

The 2016 Demographic and Health Survey indicate that the decline in the rate of teenage child bearing has stalled relative to 1998 (16% in both 1998 and 2016). Thus, in 2016 12% of South African teenagers had given birth and 3% were pregnant. By age 15, 4% of girls have given birth and by age 19, 28% have given birth. Teenage childbearing is higher in rural areas compared to urban areas, and highest among second wealth income quintile (22%) and lowest among the highest income wealth quintile (7%). Therefore, the trends do show that teenage childbearing is linked to socio-economic status. While the rate of teenage childbearing is higher among girls of lower income level, it is noteworthy that girls of the lowest income group have the highest childbearing rate.

### Multiple Sexual Partners

Table 4 below shows a major difference between young men and young women regarding sexual partnerships. About 8% of females reported that they had multiple sexual partners in the past twelve months in 2002, and the figure has declined to 6% since 2005. In contrast, as many as 23% of males reported that they had multiple sexual partners in 2002; this figure increase to 27.2% in 2005 and 30.8% in 2008.

**Table 4: Distribution of young people who reported having more than one sexual partner on the past 12months, 2002-2016**

Year	Male	Female	All
2016	17	5	-
2012	37.5	8.2	-
2008	30.8	6	8.5
2005	27.2	6	9.4
2002	23	8.8	8.9

Sources: Shisana et al., 2014; South African Demographic Health Survey 2016.

The above figures show a vast gender disparity in sexual behaviour of young people. Thus, young males are more likely to have multiple partners than their female counterparts.

The quantitative analysis shows important gender differences in the onset of reproductive life in South Africa. First, young women experience a shorter period between the time they express sexual interest and the time they have penetrative sex. Secondly, young men have, on the average, considerable more sexual partners than young women. While teenage childbearing has been declining over years, initial data presented shows that the decline has stalled in 2016.

## Qualitative results

### *Poverty as an influence in teenage pregnancies*

The data presented below indicate that poverty is perceived to be a factor increasing community vulnerability to situations and behaviours that may put them at risk. Young people for example are perceived to be at a higher risk of engaging in non-consensual transactional sex, especially girls, as a consequence of poverty. The lack of basic necessities was said to make young people more vulnerable. Poverty was discussed in terms of its magnitude, evidence and causes. Poverty amongst youth was salient due to unemployment. It did not matter whether the youth were educated; they remained unemployed for long periods and were therefore among the poor. The youth is considered to be the most affected by poverty: *'I am saying it is our children. We live with too many children here, some of them have matriculated and others have not and are unemployed. They are so many and they are not getting jobs (Ulundi, female#10)'*.

Poverty was also cited as being rampant among the elderly because their meager pensions were used to care for many dependents. Both the youth and young children were all dependent on the elderly for both support and care.

*'I think it's the people who are older. Not the youth because many young people are offered the many opportunities to study but people who are a bit older who you find that they have children to raise that were left by their children who have maybe died they struggle most. They end up raising these children most of the time so it happens mostly to older people because the youth have many opportunities (KwaDukuza, female#2).*

*'One thing that causes poverty is that the lack of information. When people finish school and can't find jobs or get further education they get pregnant so they can get social grant. Government introduced programmes to help communities but now it seems the young people are abusing it. You find a young woman who has five children, so that she can get money for five people. And you find that with that money she does not use it for what it meant she uses it for her own things. Then you end up having a situation where the grandmother has to take over and using her pension to support herself, her children and her grandchildren... (Ladysmith, male#8).*

The elderly instead of being cared for, are caring for their unemployed children and grandchildren using their social grants. The high levels of dependence on the elderly suggests that most households are poor and without the pension grants of the elderly; such households would be relegated to destitution. Parents burdened with school fees are also considered among the poor. Teenage mothers are among the poor as they often have few or no skills because they are school dropouts, which makes them unemployable and keep them unemployed for long periods. And this often leads to risky behaviours amongst the youth, of which some crime is one of the survival strategies.

### *Blaming young girls for their early pregnancy*

A common thread in community discussion about teenage child bearing was to put a blame on young people themselves, stating that it is a result of young girls who want to access Child Support Grant. This is not a new notion. There is a widespread perception that the Child Support

grant (CSG) encourages young people to have children, in spite of a number of studies that have not found such a connection (Makiwane et al., 2006; Makiwane and Udjo, 2006, Udjo, 2007). As also cited in Ndinda et al. (2017), some participants expressed the belief that girls were becoming pregnant in order to access the child grant.

*'I will be realistic; please don't take this the wrong way, especially the females. I don't know what is happening especially with the females, the easiest way for them is to get pregnant because they want this R300. I don't know what turnaround strategy that could be used to educate them that this 'R300' (grant) is not a livelihood. I do understand that there are drop outs due to certain reasons but no, i don't know what strategy could be used on these girls' (KwaDukuza, male#4.)*

This statement shows that in spite of many studies showing that there is no direct link between the Child Support Grant and teenage childbearing, this view is still widely spread.

### **Lifestyle and Risky Sexual Behaviours**

Life style and behaviour factors as well as physical environment include whether or not an individual resides in a rural or urban area, which greatly influences the individual's access to SRH services (United Nations Population Fund (UNFPA) 2012). In Sub Saharan Africa, less than one fifth of the women in the reproductive age group who reside in rural areas access family planning services compared to those from urban areas whose rate is double that of those from rural areas, implying a low use of SRH services by women from rural areas (UNFPA 2012). The life style and behaviour factors that increase an individual's vulnerability to SRH problems include engaging in risky sexual behaviours, the use and abuse of drugs as well as poor and over nutrition. Drugs and alcohol were said to be responsible for young people engaging in risky behaviours.

*'There is a problem here in the community, its drugs. You find small children in taverns, because when you are in a tavern you tell yourself you are old enough. That child ends up sleeping around and getting pregnant or getting HIV. Its things that we can say are the problem; you find that these drugs are even sold to children as young as 15 and those are the things we should fight against' (KwaDukuza, male #13).*

Risky behaviour was also viewed in terms of *'lack of education, and this leads them to be involved in risky sexual behaviour and doing drugs..'*. Bearing *et al.* (2007) state that early sexual debut, early marriages, multiple sexual partners, inconsistent and incorrect use of condoms as well as serial monogamy are the common risky sexual behaviours. Bearing *et al.* (2007) further states that the difference between the age at first sex and the age at first marriage is increasing, especially in developing countries which imply late marriages and early sexual debut. Participants in the FGDs were concerned about what they perceived as the erosion of morals. This came out strongly during the interviews as indicated in the citation below.

*'Another thing that has happened is that government has eroded our value systems and our reasoning. We don't have Ubuntu anymore. We like focusing on*

*the youth because we think of them as our future leaders; however, you find that young girls have 3 boyfriends at a time. One boyfriend is for them to be accepted amongst their peers; the other one is for paying their school fees and the other one is for providing food and money. So in that way our children's values have been eroded, our youth are supposed to be our pride but we can't even say that. We can't present your young girls and say these are the girls of our nation or these are boys of our nation. We can't say that, and these people are supposed to be the heads of the families because their parents have already passed on. You find that some of the heads of the household are 15years old and five people are depending on this girl. They ask her for school fees, they ask her for food and when they are sick she has to take care of them. This is when you find the situation I was talking about; the young girl has to have multiple partners because she has to take care of other people. This causes the spread of diseases, as you can see amongst the youth. When you try to tell them not this way they tell you we were not with you when you were young' (Ladysmith, female#11).*

*'...you find that a woman has a boyfriend who pays for the flat and another one who buys the groceries and another for pocket money which will be a problem because I alone will need to accommodate all these people on my body' (KwaDukuza, female#17).*

Having multiple sexual partners increases incidences of HIV and other STI's. At the same time inconsistent use of condoms has resulted to the strategy of condom usage not being effective (Nkani and Bhana, 2016; Makiwane, Gumede, and Molefi, 2016; Ndinda et al., 2017). However, engaging in risky sexual behaviours is a result of other behaviour traits, such as the use and abuse of alcohol and other drugs, legal or illegal, because it increases the likelihood of engaging in risky sexual behaviours (Yakubu and Salisu, 2018; Connery, Albright and Rodolico, 2014; Mushwana, Monareng, Ritcher and Muller, 2015).

## **The implications of the timing and pathways to first childbearing on structure of gendered responsibility**

### *Gendered burden of responsibility*

As Ndinda et al. (2017) said, pregnancy is mainly the responsibility of a woman. This responsibility is left with the woman as the men are in a position of denying paternity since biologically they don't carry the foetus.

*'...a boy is able to continue with school but the girl is not; she has to stay at home and when returning to school she leaves the child with the granny and its granny's responsibility to take her back to school, I mean it's us girls who suffer' (jozini, female#15).*

*'what I am going to say is that teachers has become nurses because when these children are pregnant they go to school with their pregnancy embarrassing the school, when they go to labour teachers must be their nurses, I grew up where if a child is pregnant would be expelled from school until they have given birth and*

*then they come back you see in 1968 you were not allowed to go back to school after being pregnant but today our government takes our children (random respondent: i democracy) and make them to do as they please (its democracy baba)...’ (Jozini, male#16).*

The data shows that women often have to shoulder the burden of responsibility. As participant 16 observed, the women are portrayed as these selfish individuals without any consideration for other people. Strong words like ‘*embarrassing the school*’ are used. The excerpt above portrays women as the perpetrators. The boys who impregnate the girls are not mentioned once in the conversation, rather things like democracy are blamed, which implies girls have become too liberal. We found that it was a common view in society that women must not participate in sexual activity until they get married. This was in contrast to men who were not expected to strictly adhere to be chaste before marriage. As one participant says:

*‘there is a need to find a way to get boys tested because you find that a boy is old and has done so many things in life, playing around, doing silly things but when they want to get married they want a virgin. A girl’s mother would agree because her child is old and 21 years and had been undergoing virginity testing all along and this boy comes with cows for lobola and when the women this girl is pregnant and goes to the clinic she finds out that she is now infected with HIV (Ulundi, female#31).*

Forced marriages often took place as a result of premarital pregnancy, to minimize the shame to families and this is why marriage in the traditional sense, was a marker of the onset of reproductive life (Makiwane, Gumede and Molefi, 2016). However, being married does not protect a person from STI’s, as a person may have a sexual history and may not always disclose whether they are HIV positive or not. By the time a woman is pregnant they have been infected and this is illustrated by the excerpt below:

*‘There are many that have been affected by this you find that a person enters a marriage and when they have children they also find out they have just been infected with HIV and then the husband suddenly dies. There are many many many (young women) who are happy to find marriage but what they find is a grave marriage’ (Ulundi, female#32)*

The data shows that men ask women to have children with them to illustrate they are trustworthy and serious about their intimate relationship with them, only to later find that they were deceived.

## **Discussion**

The timing of a number of sexual activities that happen before sexual debut were presented in the earlier section, which include petting, solo sex and penetrative sex. The data shows that by the age 12 a significant proportion of children have started expressing their sexuality. The data further shows that the age at sexual debut has been declining over years. Most notable, the earlier the sexual debut the more likely it will be unprotected. Gender differences in the onset of reproductive life are also noteworthy. Boys are the first to express sexual interest; whereas girls

are more likely to have their sexual debut during their childhood years. Thus, the period between first sexual expression and penetrative sex is shorter for girls.

This study has also confirmed the high prevalence of teenage pregnancy among young people. While the data presented shows that condom usage is wide spread in the region, the biggest problem is that the condom usage occurs much later than that of sexual debut for many children, thus exposing very young children to both pregnancy and sexually transmitted diseases. The qualitative data indicated that young girls are engaged with men who are older who might have other sexual partners, something that increases young women's exposure to sexually transmitted infections. Furthermore, this makes young mothers to be easily marginalised because the older men they engage with often silence them when they require their male partners to take responsibility. This illustrates the intersecting oppressive dynamics of their individual social lives that they contend with as vulnerable teenage girls from rural areas who date "sometimes, powerful dictating teachers" in their communities. As illustrated by the data presented above, early engagement in sexual intercourse leads to higher risk of falling pregnant. It is often difficult for young single parents to find and retain a partner who is earning well (Rector, et al, 2003; Ward et al 2015). Young mothers also find it difficult to care for their children and simultaneously complete their studies, as they often migrate to other towns in search of employment leaving their child in the care of their family or the child's paternal family which often decreases their involvement in the child's life and places the burden of care on the grandmothers (Ward, Makusha and Bray, 2015). Qualitative data shows gender variation in the perceptions about causes of teenage childbearing. Men interviewed in the study tended to blame women for this, as either looking for social welfare or it is result of substance abuse. As a result, men tended to advocate for strict sanctions, which included school expulsion.

## **Conclusion**

This study shows multi-layered levels of difficulty that is related to the onset of reproductive life in South Africa. The first difficulty is related to the burden of childbearing of young people in South Africa. As observed in this study teenage childbearing is declining at a lower rate than the decline in the rate of childbearing of the general population. Thus, the burden of childbearing is progressively being shouldered by young people, most of whom come from low socio-economic background. Secondly, the study presented a gendered route to first penetrative sex, an incidence which puts many young people to high risk of sexually transmitted infections and unplanned pregnancy. Girls have a shorter time period between first expression of sexual interest and experiencing first penetrative sex. As also shown in this paper, penetrative sex that happens in earlier years is mostly unprotected. Thus, girls are more likely to be involved in early unprotected sex. As also shown in this study, teen childbearing is mostly unplanned and unintentional, resulting to a considerable psychological strain on those involved. In depth interviews conducted in this study showed that the bigger share of the psychological strain from unplanned pregnancies is borne out by young women.

On the overall, the study has highlighted the unequal gendered power relations, which are mediated by socio-economic class and age that exist in relationships that teenage girls find themselves in. This suggests that despite South Africa's attempt to bring equality between the genders there is still a significant number of women who are at the margins of this equality. At the same time this imbalanced gender relations act as a deciding factor in how their lives are to turn out in terms of access to education, health care, the economic sector as well as egalitarian gender

relations. In addition, these challenges are a pathway to teenage mother's unstable relationships that may result in their inability to ever get married or be in a stable relationship. Furthermore, limitation in economic opportunities may lead to young women's dependence on men which might lead to further sexual exploitation.

## References:

- Acharya, D. R., Bhattarai, R., Poobalan, A., Teijlingen, V. E., and Chapman, G. (2014). Factors associated with teenage pregnancy in South Asia.. Retrieved from <http://hypatia.teiath.gr/xmlui/handle/11400/1243>.
- Berry, L., and Hall, K. (2010). HIV and health- teenage pregnancy: Statistics on Children in South Africa. Children's Institute: University of Cape Town.
- Bhana, D., & Nkani, N. (2014). When African teenagers become fathers: Culture, materiality and masculinity. *Culture, health & sexuality*, 16(4), 337-350.
- Bhana, D. and Pattman, R. (2011). Girls want money, boys want virgins: the materiality of love amongst South African township youth in the context of HIV and AIDS. *Culture, Health & Sexuality*, 13(8), 961-972.
- Chohan, Z., and M. Langa. (2011). Teenage Mothers Talk about their Experience of Teenage Motherhood. *Agenda: Empowering Women for Gender Equity*, 25 (3), 87-95.
- Chimere-Dan, O. D. (2015). What is happening to the family in South Africa?: Transformation A paper presented at HSRC Seminar.17 September 2015.
- Cook, R. J., Ortega-Ortiz, A., Romans, S. and Ross, L. E. (2006). Legal abortion for mental health indications. *International Journal of Gynecology & Obstetrics*, 95(2), 185-190.
- Christofides, N. J., Jewkes, R. K., Dunkle, K. L., McCarty, F., Jama Shai, N., Nduna, M., and Sterk, C. (2014). Risk factors for unplanned and unwanted teenage pregnancies occurring over two years of follow-up among a cohort of young South African women. *Global Health Action*. <https://doi.org/10.3402/gha.v7.23719>.
- Connery, H. S., Albright, B. B., & Rodolico, J. M. (2014). Adolescent substance use and unplanned pregnancy: strategies for risk reduction. *Obstetrics and Gynecology Clinics of North America*, 41(2), 191-203. <https://doi.org/10.1016/j.ogc.2014.02.011>.
- Foucault, M. (1980). Two lectures" In C. Gordon (Ed.), *Power/Knowledge: Selected Interviews and other writings 1972-1977* (pp. 78-108). New York: Pantheon Books.
- Gage, A.J.( 1998). Premarital childbearing, unwanted fertility and maternity care in Kenya and Namibia. *Population Studies*.
- Gumede, NA. (2015). Mother-daughter communication on intimate relationships: narratives from Mangaung Township, (Bloemfontein, South Africa). MA. Department of Sociology, University of the Free State.
- Johnson, W. Moore S. (2016) Adolescent pregnancy, nutrition, and health outcomes in low- and middle-income countries: what we know and what we don't know. *BJOG An International Journal of Obstetrics and Gynaecology*. 123(10).
- Jonas, K., Crutzen, R., van den Borne, B., Sewpaul, R., & Reddy, P. (2016). Teenage pregnancy rates and associations with other health risk behaviours: a three-wave cross-sectional study among South African school-going adolescents. *Reproductive Health*, 13(1), 50. <https://doi.org/10.1186/s12978-016-0170-8>.
- Khalema, N. E., Ndinda, C., Makiwane, ., Bhembé, L., Vawda, M., Mahapa, N., Zondo, M., and Mgcina, N. (2014). Situation Analysis of Population and Development in Eight Priority Districts of KZN and EC: Analysing the Determinants of Sexual Reproductive Health and Rights. *Final Technical Report: UNFPA, SA*, July 2014.
- Kramer, K.L., & Lancaster, J.B. (2010). Teen motherhood in a cross-cultural perspective. *Annals of human biology*. <https://doi.org/10.3109/03014460903563434>.



- Macleod, C., and Tracy, T. (2009). Review of South African research and interventions in the development of a policy strategy on teen-aged pregnancy. World Health Organization & Health Department in South Africa: Grahamstown, Rhodes University.
- Macleod, C. I., and Tracey, T., (2010). A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology*, 40(1), 18-31.
- Makiwane, M. 2010. The Child Support Grant and teenage Childbearing in South Africa. *Development Southern Africa*, 27(2), 193-204.
- Makiwane, M., Gumede, N. A., Molefi, S. (2016) Continuity and Change: Relationships, childbearing and childrens living arrangement. In Makiwane, M., Nduna, M., and Khalema, N. E., (eds.), *Children in South African families: Lives and times*. London: Cambrige Scholars. Retrieved from <http://hdl.handle.net/20.500.11910/10183>.
- Makiwane, M., and Udjo, E. (2006). A quantitative Study on fertility trends in South Africa, and their relationship with introduction of child support grant. A report prepared for the Department of Social Development, Pretoria.
- Mantell, J. E., Needham, S. L., Smit, J. A., Hoffman, S., Cebekhulu, Q., Adams-Skinner, J., Milford, C. (2009). Gender norms in South Africa: Implications for HIV and pregnancy prevention among African and Indian women students at a South African tertiary institution. *Culture, Health & Sexuality*, 11(2), 139-157. <http://doi.org/10.1080/13691050802521155>.
- Maromo, J. (2017) Teenage pregnancy is not increasing. Stats SA. Retrieved from <https://www.iol.co.za/news/south-africa/teenage-pregnancy-is-not-increasing-stats-sa-9143268>.
- Maswikwa, B., Richter, L., Kaufman, J., and Nandi, A. (2015). Minimum Marriage Age Laws and the Prevalence Of Child Marriage and Adolescent Birth: Evidence from Sub-Saharan Africa. *Source: International Perspectives on Sexual and Reproductive Health*, 41(2), 58–68. Retrieved from <http://www.jstor.org/stable/10.1363/4105815>.
- Mkhwanazi, N. (2011). Developing and expanding our ideas about teenage desire and fertility. *Agenda*, 25(3), 2-8.
- Mkhwanazi, N. (2012). A tough love approach indeed: Demonising early childbearing in the Zuma era. *Gender, Ageing and Intergenerationality*, 26(4), 73-88. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/10130950.2012.759440>
- Mkhwanazi, N. (2014). Revisiting the dynamics of early childbearing in South African townships. *Culture, Health and Sexuality*, 16 (9), 1084-1096.
- Molobela, L. (2017) Exploring black rural Bushbuck ridge women's constructions and perceptions of the practise of abortion. University of South Africa. Pretoria.
- Morell, R., Bhana, D., Shefer, T. (2016). *Books and Babies and young parents in schools*. Cape Town: HSRC Press.
- Mushwana, L., Monareng, L., Richter, S., and Muller, H. (2015). Factors influencing the adolescent pregnancy rate in the Greater Giyani Municipality, Limpopo Province – South Africa. *International Journal of Africa Nursing Sciences*, 2, 10-18. <https://doi.org/10.1016/J.IJANS.2015.01.001>
- Ndinda, C., Ndhlovu, T. P. and Khalema, N. E. (2017). Conceptions of contraceptive use in rural KwaZulu-Natal, South Africa: Lessons for programming, *International Journal of Environmental Research and Public Health*, 14, (353), 1-16.

- Ngabaza, S. (2011). Positively pregnant: Teenage women's experiences of negotiating pregnancy with their families. *Agenda: Empowering Women for Gender Equity*, 25 (3), 42-51.
- Nkani, N., and Bhana, D. (2016). Sexual and reproductive well-being of teenage mothers in a South African township school. *South African Journal of Education*, 36(10), 1–10. <https://doi.org/10.15700/saje.v36n2a1181>.
- Odimegwu. (2002). Understanding Human Sexuality, 2005. Seminar Series No. 2. African Regional Sexuality Resource Centre, Lagos, Nigeria.
- Panday, S., Makiwane, M., Ranchod, C., & Letsoalo, T. (2009). Teenage pregnancy in South Africa - with a specific focus on school-going learners. Child, Youth, Family and Social Development, Human Sciences Research Council. Pretoria: Department of Basic Education.
- Patel, L. (2012). Poverty, gender and social protection: Child support grant in Soweto, South Africa. *Journal of Policy Practice*, 11(1-2), 106-120
- Phetla, G., Busza, J., Hargreaves, J., Pronyk, P., Kim, J., Morison, L., Watts, C. and Porter, J. (2008). They have opened our mouths: Increasing women's skills and motivation for sexual communication with young people in rural South Africa. *AIDS Education and Prevention*, 20(6), 504-518.
- Posel, D., Rudwick, S. (2012). Attitudes to marriage, cohabitation and non-matrital childbirth in South Africa. Paper presented at the Micr-economist Analysis of South African data conferences (MASA) 2012.
- Preston-whyte, E., and Zondi, M. (1989). To control their own reproduction: The agenda of black teenage mothers in Durban. *Agenda: Empowering Women for Gender Equity Journal*, 4 (4), 47-68.
- Raj, A., Saggurthi, N., Balaiah, D., and Silverman, J. G. (2009). Prevalence of child marriage and its effects on fertility-control outcomes of young women in India: A cross-sectional, observational study. *The Lancet Journals*, 373(9678), 1883-1889. [https://doi.org/10.1016/50140-6736\(09\)60246-4](https://doi.org/10.1016/50140-6736(09)60246-4)
- Reddy, P., Sewpaul, R., & Jonas, K. (2016). Teenage pregnancy in South Africa: Reducing prevalence and lowering maternal mortality rates. Retrieved from <http://repository.hsrb.ac.za/handle/20.500.11910/9925>.
- Shisana, O., Rehle, T., Simbayi, L.G., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D. et al. (2014). South African National HIV Prevalence, Incidents and Behaviour Survey. Cape Town, HSRC Press
- South African Demographic and Health Survey (SADHS). (2016). Key indicators report 2016. Statistics South Africa. Pretoria
- South African National Aids Council (SANAC). (2014). SANAC Trust Annual Report 2013-2014. Pretoria, South Africa. SANAC
- Simelela, N. (2006). Women's access to modern methods of fertility regulation. *International Journal of Gynecological Obstetrics*, 94(3).
- Udjo, E. (2007). The relationship between the child support grant and teenage fertility in Post-Apartheid South Africa. *Social Policy and Society*, Volume 13(4), 505-519.
- United Nations, Department of Economic and Social Affairs, Population Division. (2013). Adolescent Fertility since the International Conference on Population and Development (ICPD) in Cairo (United Nations Publication).

- Ward, C., Makusha, T. and Bray, R. (2015). Parenting, poverty and young people in South Africa : What are the connections. *South African Child Gauge*.
- Wood, K., and R. Jewkes. (2006). Blood blockages and scolding nurses: Barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters*, 14 (27), 109-118
- Yakubu, I., and Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive Health*, 15(1), 15.  
<https://doi.org/10.1186/s12978-018-0460-4>.